

DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATIONATTORNEY'S NAME: JF ATTORNEY
JACKET NO. 10002957 -1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Irregular Surfaced Tape Guide

the specification of which is attached hereto unless the following box is checked:

() was filed on _____ as US Application No. or PCT International Application
Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES: _____ NO: _____
			YES: _____ NO: _____

Provisional Application

I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:

APPLICATION NUMBER	FILING DATE

U. S. Priority Claim

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION NUMBER	FILING DATE	STATUS (patented/pending/abandoned)

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Customer Number 022879

Place Customer
Number Bar Code
Label hereSend Correspondence to:
HEWLETT-PACKARD COMPANY
Intellectual Property Administration
P.O. Box 272400
Fort Collins, Colorado 80527-2400**Direct Telephone Calls To:**Anthony J Baca
(208) 396-3597

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Darrel R. Bloomquist (Deceased) Citizenship: USResidence: Deceased nonsigning inventor completed on added pagePost Office Address: Same as residence

Inventor's Signature _____

Date _____

PATENT
10002957-1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:)	
Darrel R. Bloomquist)	
)	
Serial No.: Unknown)	Group Art Unit: Unknown
)	
Filed: Herewith)	Examiner: Unknown
)	
FOR: IRREGULAR SURFACED TAPE GUIDE)	
)	
)	
)	

Commissioner For Patents
Box Patent Applications
Washington, D.C. 20231

**ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY
FOR SIGNING BY ADMINISTRATOR(TRIX), EXECUTOR(TRIX)
OR LEGAL REPRESENTATIVE ON BEHALF OF DECEASED OR
INCAPACITATED INVENTOR (37 C.F.R. 1.42 AND 1.43)**

I, Judy Bloomquist, Executor, hereby declare that I am a citizen of the United States of America residing at 2950 Springwood, Meridian, Idaho 83642 respectively, and that I am executing and signing the declaration to which this is attached as

_____	the administrator(trix) of
<u>X</u> _____	executor(trix) of the estate of
_____	legal representative (or heirs) of

Darrel R. Bloomquist

Full name of (first, second etc.) deceased or incapacitated inventor

United States of America

Country of citizenship of deceased or incapacitated inventor

2950 Springwood, Meridian, Idaho 83642

Residence of deceased or incapacitated inventor

2950 Springwood, Meridian, Idaho 83642

Post Office Address of deceased or incapacitated inventor

That, upon information and belief, I aver those facts that the inventor is required to state.

Date: 11-12-01


Judy Bloomquist, Executor

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:)
Darrel R. Bloomquist)
Serial No.: Unknown) Group Art Unit: Unknown
Filed: Herewith) Examiner: Unknown
FOR: IRREGULAR SURFACED TAPE GUIDE)
_____)

Commissioner of Patents
Box Patent Applications
Washington, D.C. 20231

**PROOF OF AUTHORITY OF ADMINISTRATOR(TRIX), EXECUTOR(TRIX)
OR LEGAL REPRESENTATIVE(S)**

The declaration for the above-identified application was signed on behalf of the

XX deceased
_____ incapacitated

Inventor Darrel R. Bloomquist
(Type or print name of deceased or incapacitated inventor)

by Judy Bloomquist, Executor
(Type or print name(s) of administrator(trix), executor(trix) legal
representative, or all heirs)

Attached is

(Check and complete (d) or (e))

- (d) XX a certificate of the clerk of a competent court or the register of
wills that the appointment of the signatory is still in force and
effect.
- (e) _____ a certificate from the appropriate court that they are all the heirs
and that the estate did not require the appointment of an
administrator or that they have the authority corresponding to that
of an administrator or heir.

(Also check and complete (f) and/or (g) if applicable)

- (f) _____ The court papers mentioned above are not in English. An English translation of such papers are also attached. (Note: The translation need not be sworn or affirmed. MPEP §409.01(a))
- (g) _____ A consular officer of the United States has authenticated the signature of the foreign officer attesting to the papers submitted as proof of authority.

Respectfully submitted,

HEWLETT-PACKARD COMPANY

Dated: 11/12/01

By: William H. MacAllister

William H. MacAllister

Reg. No. 17,395

11307 Chinden Blvd.

Boise, Idaho 83714

(208) 396-2544

ATTORNEY FOR PATENT OWNER

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 BENJAMIN THOMPSON
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 ISB No. 1098

Attorneys for Petitioner

**IN THE DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT OF THE
 STATE OF IDAHO, IN AND FOR THE COUNTY OF ADA**

MAGISTRATE DIVISION SP 1L 0100481M

In the Matter of the Estate

Case No.

of

LETTERS TESTAMENTARY

DARREL R. BLOOMQUIST

deceased.

1. JUDY A. BLOOMQUIST was duly appointed and qualified as General Personal Representative of the estate of the above named decedent on the 24 day of Oct September, 2001, by the Magistrate acting as Registrar with all authority pertaining thereto.

2. Administration of the estate is unsupervised.

These letters are issued to evidence the appointment, qualification, and authority of the said Personal Representative.

WITNESS, my signature and the Seal of this Court, this 29 day of Oct September, 2001.

(COURT SEAL)

MAGISTRATE

STATE OF IDAHO }
COUNTY OF ADA } SS.

I, the undersigned, Clerk of the District Court of Idaho, do hereby certify that the foregoing is a true and correct copy of the original as the same appears in the files of the Court.

Witness my hand and the Seal of the Court at the County of Ada, State of Idaho, this 29th day of October, 2001.

J. M. M. Deputy